

**Filing Fee \$80.00**

**DOMESTIC  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**RESTATED CERTIFICATE OF  
LIMITED PARTNERSHIP**

\_\_\_\_\_  
(Name of Limited Partnership as it appears on the record of the Secretary of State)

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to 31 MRSA §422.6., the undersigned adopt(s) the following restated certificate of limited partnership:

**FIRST:** The name of the limited partnership has been changed to (if no change, so indicate) \_\_\_\_\_

\_\_\_\_\_  
(The name must contain one of the following: "Limited Partnership", "L.P." or "LP"; §403.1.A. and §524.1.B.)

**SECOND:** The date of filing of the initial certificate of limited partnership \_\_\_\_\_ and the name under which it was originally filed \_\_\_\_\_

**THIRD:** The name of the Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office are

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FOURTH:** The name and business, residence or mailing address of each general partner is:

**NAME**

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Names and addresses of additional general partners are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

**FIFTH:** Other provisions of this certificate, if any, that the partners determine to include are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

DATED \_\_\_\_\_

**GENERAL PARTNER(S)\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

**IF THIS RESTATED CERTIFICATE OF LIMITED PARTNERSHIP NAMES A NEW REGISTERED AGENT, THE FOLLOWING SHALL BE COMPLETED BY THE REGISTERED AGENT UNLESS THIS DOCUMENT IS ACCOMPANIED BY FORM MLPA-18 (§407.1-A.).**

The undersigned hereby accepts the appointment as registered agent for the above named limited partnership.

**REGISTERED AGENT**

DATED \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For Registered Agent which is a Corporation**

Name of Corporation \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

\*Certificate **MUST** be signed by

- (1) at least one **general partner** AND
- (2) each **new general partner** OR
- (3) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**